

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	HL	32	6-11-01
O.I.P.E. CLASSIFIER	✓	579	8/7/01
FORMALITY REVIEW	MD		
RESPONSE FORMALITY REVIEW			

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## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
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Claim	Date
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Claim	Date
Final	Original
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If more than 150 claims or 10 actions  
staple additional sheet here